PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| Under the P   | aperwork Reduction Act of                         | 1995, no person are              | required to     | respond to a collecti |                |   |               | B control numb |
|---|---|----------------------------------|-----------------|-----------------------|----------------|---|---------------|----------------|
| FEE TRANSMITTAL For FY 2009   |   |                                  |                 | Complete if Known     |                |   |               |                |
|   |   |                                  |                 | т фринциптиппи        |                | 10/562,554-Conf. #8229<br>December 28, 2005 |               |                |
|   |   |                                  |                 | Filing Date           |                |   |               |                |
|   |   |                                  |                 |                       |                | Hidekazu MORI<br>K. A. Parendo              |               |                |
| П   |   |                                  |                 |                       |                |   | ,             |                |
| Applicant claims small entity status. See 37 CFI                              |   |                                  |                 | At Olik               |                | 2823<br>4670-0114PUS1                       |               |                |
| TOTAL AMOUNT OF PAYMENT (\$) 18   |   |                                  |                 | Attorney Docket No.   |                | 4670-0114PC                                 | 151           |                |
| METHOD OF   | PAYMENT (check                                    | all that apply)                  |                 |                       |                |   |               |                |
| Check   | Credit Card                                       | Money Order                      | No              | ne Other              | please identi: | fy):  |               |                |
| X Deposit A   | Count Deposit Account N                           | Number: 02                       | -2448           | Deposit               | Account Name   | Birch, Stewa                                | rt, Kolasch 8 | Birch, LLP     |
| For the   | above-identified depo                             | sit account, the D               | Director is     | s hereby authorize    | ed to: (che    | ck all that apply                           | )             |                |
| 1   | harge fee(s) indicated                            |                                  |                 |                       | e fee(s) in    | dicated below,                              | except for 1  | the filing fee |
| x C   | harge any additional f<br>e(s) under 37 CFR 1.    | ee(s) or underpay<br>16 and 1.17 | ments o         | f x Credit            | any overp      | ayments                                     |               |                |
| FEE CALCU   | LATION  |                                  |                 |                       |                |   |               |                |
| 1. BASIC FILIN  | IG, SEARCH, AND EX                                | KAMINATION FE                    | ES              |                       |                |   |               |                |
|   | FIL   | LING FEES                        | SE              | ARCH FEES             | EXAMI          | NATION FEE:                                 |               |                |
| Application T   | ype Fee (\$                                       | Small Entity Fee (\$)            | Fee (\$         | Small Entity Fee (\$) | Fee (\$)       | Small Entity<br>Fee (\$)                    |               | Paid (\$)      |
| Utility   | 330   | 165                              | 540             | 270                   | 220            | 110   |               |                |
| Design  | 220   | 110                              | 100             | 50                    | 140            | 70  |               |                |
| Plant   | 220   | 110                              | 330             |                       | 170            | 85  |               |                |
| Reissue   | 330   | 165                              | 540             | 270                   | 650            | 325   |               |                |
| Provisional   | 220   | 110                              | 0               | 0                     | 0              | 0   |               |                |
| 2. EXCESS CLAIM FEES  |   |                                  |                 |                       |                |   |               | Small Entit    |
| Fee Description   |   |                                  |                 |                       |                |   | Fee (\$)      | Fee (\$)       |
| Each claim over 20 (including Reissues)                                       |   |                                  |                 |                       |                | 52<br>220                                   | 26<br>110     |                |
| Each independent claim over 3 (including Reissues)  Multiple dependent claims |   |                                  |                 |                       |                |   | 390           | 195            |
| 1   |   |                                  |                 |                       |                |   |               |                |
| Total Claims Extra Claims Fee (\$)  |   | F                                | Fee Paid (\$)   |                       | lultiple Depen | Fee Paid (                                  |               |                |
|   | ber of total claims paid for,                     | if greater than 20               |                 |                       | <u>F</u> (     | ee (\$)                                     | ree raid (    | का             |
| 1   |   |                                  | F               | ee Paid (\$)          | _              |   |               |                |
| -3 or HP =  |   | x =                              |                 | cc r uiu (v)          |                |   |               |                |
|   | ber of independent claims                         | paid for, if greater the         | m 3.            |                       |                |   |               |                |
| 3. APPLICATION  |   |                                  |                 |                       |                |   |               |                |
|   | ation and drawings ex                             | ceed 100 sheets                  | of paper        | (excluding electr     | onically fi    | led sequence o                              | r computer    |                |
|   | ier 37 CFR 1.52(e)), t                            |                                  |                 |                       | for small e    | ntity) for each                             | additional 5  | 50             |
|   | action thereof. See 3                             |                                  |                 |                       |                |   | _             |                |
| Total Sheet   |   |                                  |                 | additional 50 or fra  |                |   | Fee           | Paid (\$)      |
|   | 100 =   | /50 =                            |                 | (round up to a who    | ole number)    | ×   | "             | Paid (\$)      |
| 4. OTHER FEE  |   | ) for (no amol) or               | alan dina       | .aunt)                |                |   | rees          | Paid (3)       |
|   | n Specification, \$130<br>late filing surcharge): |                                  |                 |                       | ieclosure      | Statement                                   | 1             | 80.00          |
|   | inc ming surendige).                              | 1000 Oubilliss                   |                 | ormanon b             |                | - atomont                                   |               |                |
| SUBMITTED BY  | - WA  | )                                |                 | Registration No.      | 00.451         | Te  | (700) 00      | 25.0000        |
| Signature Gast 417575   |   |                                  | (Attomey/Agent) | 32,181                | Telephone      | (703) 20                                    |               |                |
| Name (Print/Type)   | Marc S. Weiner                                    | For                              |                 |                       |                | Date  | Septembe      | r 30, 2009     |